

CLASS C REINSTATEMENT FORM

25 2926

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 10-10-14

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7627
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

2005-335-T

RECEIVED

My certificate was revoked/cancelled on 6/2/2011 because for non-payment
(DATE)of decal fees

On 4/25/13 by order 2013-226 Certificate was reinstated but at that time I was unable to comply with the terms.

I am seeking reinstatement because Therefore, on 1/15/2014 by order 2014-106 the reinstatement was resinded. I am now prepared to comply with all of the terms necessary for reinstatement and humbly request such.

Paul N. Harmon
(Name of Company)

DBA DT Taxi

(If applicable)

1034 Pinopolis Rd Apt GMoncks Corner SC 29461

(Mailing Address if different from Street Address)

106 Porter Dr
(Street Address)

Summerville SC 29483
(City, State, Zip Code)

(843) 991-4808
(Telephone Number)

[Signature]
(Signature)

owner

(Title) Owner, President, etc.